

REGISTRATION FORM

CONTACT INFO:				
Contact:	Company Name (If App.):			
Mailing Address:				
hone: Fax:		E-Mail:		
GOLF AND DINNER INF	·O:	DINNER ONLY		
Please makereservations x \$175 = \$_0.00		Please make	reservations x \$75 = \$_	0.00
PLAYER INFO:			Credit Card Payments will not be pro	
Name:				
Mailing Address:				
Phone #:	E-mail:			
PAYMENT \square CHQ ENCL. \square VISA \square Mastercar Card #:			Expiry:	CVI:
Name as appears on card:				
Name:				
Mailing Address:				
Phone #:	E-mail:			
PAYMENT TYPE: CHQ ENCL. VISA (Card #:			Expiry:	CVI:
Name as appears on card:				
Name:				
Mailing Address:				
Phone #:	E-mail:			
PAYMENT \square CHQ ENCL. \square VISA \square Mastercard Card #:			Expiry:	CVI:
Name as appears on card:				
Name:				
Mailing Address:				
Phone #:	E-mail:			
PAYMENT CHQ ENCL. VISA (Card #:			Expiry:	CVI:
Name as appears on card:				